



# IOWA GREAT LAKES LUTHERAN SCHOOL

1311 E 18<sup>th</sup> Street - Spencer, IA 51301 Ph: 712-262-8237 Email: [office@igllstech.com](mailto:office@igllstech.com)

Name of Child \_\_\_\_\_ Birthdate \_\_\_\_\_  
First Last

## IGLLS PHYSICAL FORM

Allergies: \_\_\_\_\_

Height (without shoes): \_\_\_\_\_

Weight (without shoes): \_\_\_\_\_

Blood Pressure \_\_\_\_\_

Hgb /Hct \_\_\_\_\_ Urinalysis \_\_\_\_\_

\*\*Lead Level \_\_\_\_\_ Date: \_\_\_\_\_

(State law requires at least one lead level before Kindergarten)

NML ABNL

General Appearance \_\_\_\_\_

Developmental \_\_\_\_\_

Behavior at exam \_\_\_\_\_

Speech / Language Development \_\_\_\_\_

Skin \_\_\_\_\_

Mouth/Teeth \_\_\_\_\_

Throat/Neck \_\_\_\_\_

Eye: Extraocular Movements \_\_\_\_\_

Vision Acuity Rt \_\_\_\_\_/20 Lt \_\_\_\_\_/20

Ears \_\_\_\_\_

Heart \_\_\_\_\_

Lungs \_\_\_\_\_

Back/Chest \_\_\_\_\_

Abdomen \_\_\_\_\_

Neurological \_\_\_\_\_

Musculoskeletal \_\_\_\_\_

Genitalia \_\_\_\_\_

### TUBERCULOSIS SCREENING

**TB SCREENING IS REQUIRED FOR SCHOOL ENTRANCE**

Circle appropriate response -

Was child born in Mexico or any other country in Latin America, the Caribbean, Africa, Eastern Europe?..... Yes No

Has child lived or traveled more than 3 weeks outside US within the past 5 years?..... Yes No

Has child had contact with who is/was IV drug user, anyone who has HIV or who is/has been in jail / prison?..... Yes No

Has anyone in the family ever had positive TB skin test?..... Yes No

Has anyone in the family been treated for TB?..... Yes No

**TB Mantoux Test Required? Yes No**

If Yes:

Date of test: \_\_\_\_\_ Date read: \_\_\_\_\_ Result: \_\_\_\_\_mm

If positive, referral to Public Health made? Yes No

Medical Treatment/ Follow up required: \_\_\_\_\_

Current Diagnosis: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Special considerations for school: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date of Exam: \_\_\_\_\_

Provider Name (please print): \_\_\_\_\_ Phone: \_\_\_\_\_